

Rec'd PCT/PTO 27 DEC 2005

Approved for use through 07/31/2009. EMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention: Plasmodium Falciparum Antigens and Methods of Use

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
- ☒ Application No. PCT/US2003/38966, filed on DECEMBER 8, 2003,
☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: ALESSANDRO SETTE

Signature: [Signature] Citizen of: ITALY ✓

Inventor two: DENISE L. DOOLAN

Signature: _____ Citizen of: AUSTRALIA

Inventor three: DANIEL J. CARUCCI

Signature: _____ Citizen of: UNITED STATES

Inventor four: JOHN SIDNEY

Signature: [Signature] Citizen of: UNITED STATES ✓

☒ Additional inventors or a legal representative are being named on 1 additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Rec'd PCT/PTO 27 DEC 2005

PTO/557017 (09-04)

Approved for use through 07/31/2006, OMB 0651-0032

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

| | |
|--------------------|---|
| Title of Invention | Plasmodium Falciparum Antigens and Methods of Use |
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FULL NAME OF INVENTOR(S)

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Signature: _____ Citizen of: ITALY

Inventor two: DENISE L. DOOLAN

Signature: *DL Doolan* Citizen of: AUSTRALIA

Inventor three: DANIEL J. CARUCCI

Signature: _____ Citizen of: UNITED STATES

Inventor four: JOHN SIDNEY

Signature: _____ Citizen of: UNITED STATES

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Rec'd PCT/PTO 27 DEC 2005
10/537642

PTO/SB/01A (09-04)
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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

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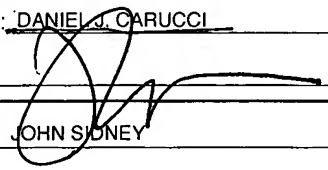
☐ as amended on _____ (if applicable);

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| | |
|--|--|
| FULL NAME OF INVENTOR(S) | |
| Inventor one: <u>ALESSANDRO SETTE</u> | |
| Signature: _____ | Citizen of: <u>ITALY</u> |
| Inventor two: <u>DENISE L. DOOLAN</u> | |
| Signature: _____ | Citizen of: <u>AUSTRALIA</u> |
| Inventor three: <u>DANIEL J. CARUCCI</u> | |
| Signature:  _____ | Oct. 28, 2005 Citizen of: <u>UNITED STATES</u> ✓ |
| Inventor four: <u>JOHN SIDNEY</u> | |
| Signature: _____ | Citizen of: <u>UNITED STATES</u> |

☒ Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.

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10/537642

PTO/SB/01A (09-04)

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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of
Invention

Plasmodium Falciparum Antigens and Methods of Use

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☐ The attached application, or
- ☒ Application No. PCT/US03/38966, filed on DECEMBER 8, 2003,
- ☐ as amended on _____ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

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FULL NAME OF INVENTOR(S)

Inventor five: SCOTT SOUTHWOOD

Signature: Scott Southwood 12/26/05 Citizen of: UNITED STATES

Inventor six: _____

Signature: _____ Citizen of: _____

Inventor seven: _____

Signature: _____ Citizen of: _____

Inventor eight: _____

Signature: _____ Citizen of: _____

☐ Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.

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Approved for use through 11/30/06, PTO # 0651-0035

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|---------------------------|
| Application Number | 10/537,642 |
| Filing Date | June 6, 2005 |
| First Named Inventor | Alessandro Sette |
| Title | Plasmodium Falciparum ... |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | EPI-103X |

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
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| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

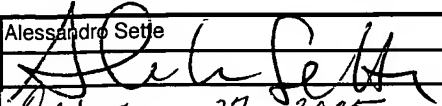
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|--|-------|-----|--|--|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | State | Zip | | |
| Country | | | | |
| Telephone | Fax | | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Name | Alessandro Sette | | |
| Signature |  | | |
| Date | December 27, 2005 | Telephone | 858-228-1342 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 5 forms are submitted.

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Rec'd PCT/PTO 27 DEC 2005

PTO/SB/81 (09-03)

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**POWER OF ATTORNEY
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| | |
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| Application Number | 10/537,642 |
| Filing Date | June 6, 2005 |
| First Named Inventor | Alessandro Sette |
| Title | Plasmodium Falciparum ... |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | EPI-103X |

I hereby appoint:

☒ Practitioners associated with the Customer Number:
OR

| |
|-------|
| 23557 |
|-------|

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:
OR

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| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Fax | | |

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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---------------------------|-----------|----------------|
| Name | Denise L. Doolan | | |
| Signature | <i>DL Doolan</i> | | |
| Date | 10 th Nov 2005 | Telephone | (301) 319 7575 |

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PTO/SB/81 (09-03)

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| Application Number | 10/537,642 |
| Filing Date | June 6, 2005 |
| First Named Inventor | Alessandro Sette |
| Title | Plasmodium Falciparum ... |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | EPI-103X |

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23557

OR

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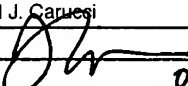
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|--|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | Fax | | |

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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Name | Daniel J. Caruso | | |
| Signature |  | | |
| Date | Oct 28, 2005 | Telephone | 202 607-7374 |

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PTO/SB/81 (09-03)

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| Application Number | 10/537,642 |
| Filing Date | June 6, 2005 |
| First Named Inventor | Alessandro Sette |
| Title | Plasmodium Falciparum ... |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | EPI-103X |

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☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

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SIGNATURE of Applicant or Assignee of Record

Name John Sidney

Signature 

Date October 26, 2005

Telephone 858-228-1345

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| Filing Date | June 6, 2005 |
| First Named Inventor | Alessandro Sette |
| Title | Plasmodium Falciparum ... |
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| Examiner Name | |
| Attorney Docket Number | EPI-103X |

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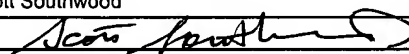
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|--|--|-------|--|-----|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | | State | | Zip |
| Country | | | | |
| Telephone | | Fax | | |

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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Name | Scott Southwood | | |
| Signature |  | | |
| Date | 10/26/05 | Telephone | 858-860-2500 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 5 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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